

INSPECTIONS AND APPEALS DEPARTMENT[481]
Notice of Intended Action

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135C.14, the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 58, “Nursing Facilities,” and Chapter 61, “Minimum Physical Standards for Nursing Facilities,” Iowa Administrative Code.

The proposed amendments permit long-term care facilities to establish person-directed care environments, which are defined as facilities or portions of facilities in which the provision of care or services promotes decision-making and choices by the residents, enhances the primary caregiver’s capacity to respond to each resident’s needs, and promotes a home-like environment. The proposed rules eliminate regulatory barriers to the establishment of person directed care environments by inserting resident choice in various provisions, including those dealing with resident clothing, bathing, living arrangements, care and treatment plans, medication administration, and meal planning. Additionally, the proposed amendments remove certain restrictions on employee duties permitting them to serve in dual capacities, such as resident care and meal preparation.

Additional changes made to the rules by the proposed amendments strike outdated requirements dealing with the physical structure of nursing facilities, the arrangement of resident rooms, and requirements dealing with specific rooms. Adoption of the proposed amendments will permit long-term care facilities to construct new facilities based on such designs as the

Green House concept, which divide larger facilities into smaller neighborhoods or living units. Facilities that wish to renovate, too, will be able to break up larger traditional structures into smaller person directed care environments.

Development of the proposed amendments began when the Department solicited input from the state's long-term care industry. The industry suggestions then were reviewed by a regulatory work group of the Iowa Person Directed Care Coalition, which made further suggestions regarding content. In addition to the major regulatory changes contained in the proposed amendments, numerous corresponding technical changes are made to various subrules throughout chapters 481—58 and 481—61.

Information about the development of the proposed rule changes and a summary of the proposed amendments can be obtained on the Department's web site at the following Internet address: <http://www.state.ia.us/government/dia/Person%20Directed%20Care.ppt>.

The Department is unable to determine the fiscal impact associated with the proposed amendments. It is unknown as to the number of possible nursing facilities that might want to undertake new construction or renovations to existing buildings to establish person directed care environments. Also unknown to the Department is the cost of construction or renovation associated with implementation of the rules. The proposed amendments do not mandate the creation of person directed care environments but, rather, permit nursing facilities to create an alternate living environment for their residents.

The proposed amendments were presented to the State Board of Health for initial review at the Board's September 13, 2006, meeting.

Any interested person may make written suggestions or comments on the proposed amendments on or before October 31, 2006. Such written materials should be directed to the

Director, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083; or faxed to (515)242-6863. E-mail should be sent to dwerning@dia.state.ia.us.

There will be a public hearing on November 1, 2006, at 2 p.m. in Conference Room 319 of the Lucas State Office Building, Des Moines, at which time persons may present their views either orally or in writing. At the meeting, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. Any person who intends to attend the public meeting and has special requirements such as hearing or mobility impairments should contact the Department of Inspections and Appeals and advise of special needs.

The proposed amendments are intended to implement Iowa Code sections 10A.104(5) and 135C.14.

The following amendments are proposed:

ITEM 1. Amend rule **481—58.1(135C)** as follows:

481—58.1(135C) Definitions. For the purpose of these rules, the following terms shall have the meaning indicated in this chapter. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in the rules. The use of the words “shall” and “must” indicates those standards are mandatory. The use of the words “should” and “could” indicates those standards are recommended.

“Accommodation” means the provision of lodging, including sleeping, dining, and living areas.

“Administrator” means a person licensed pursuant to Iowa Code chapter 147 who administers, manages, supervises, and is in general administrative charge of a nursing facility,

whether or not such individual has an ownership interest in such facility, and whether or not the functions and duties are shared with one or more individuals.

“Alcoholic” means a person in a state of dependency resulting from excessive or prolonged consumption of alcoholic beverages as defined in Iowa Code section 125.2.

“Ambulatory” means the condition of a person who immediately and without aid of another is physically ~~and~~ or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

“Basement” means that part of a building where the finish floor is more than 30 inches below the finish grade.

“Board” means the regular provision of meals.

“Chairfast” means capable of maintaining a sitting position but lacking the capacity of bearing own weight, even with the aid of a mechanical device or another individual.

“Communicable disease” means a disease caused by the presence of viruses or microbial agents within a person’s body, which agents may be transmitted either directly or indirectly to other persons.

“Department” means the state department of inspections and appeals.

“Distinct part” means a clearly identifiable area or section within a health care facility, consisting of at least a residential unit, wing, floor, or building containing contiguous rooms.

“Drug addiction” means a state of dependency, as medically determined, resulting from excessive or prolonged use of drugs as defined in Iowa Code chapter 124.

“Medication” means any drug including over-the-counter substances ordered and administered under the direction of the physician.

“Nonambulatory” means the condition of a person who immediately and without aid of another is not physically ~~and~~ or mentally capable of traveling a normal path to safety, including the ascent and descent of stairs.

“Nourishing snack” is defined as a verbal offering of items, single or in combination, from the basic food groups. Adequacy of the “nourishing snack” will be determined both by resident interviews and by evaluation of the overall nutritional status of residents in the facility.

“Person directed care environment” means the provision of care and services provided in a facility that promotes decision-making and choices by the resident, enhances the primary caregiver’s capacity to respond to each resident’s needs, and promotes a home-like environment. Examples of a person directed care environment include but are not limited to the Green House concept, Eden alternative, service houses and neighborhoods.

“Personal care” means assistance with the activities of daily living which the recipient can perform only with difficulty. Examples are ~~help~~ assistance in getting in and out of bed, assistance with personal hygiene and bathing, ~~help~~ assistance with dressing ~~and feeding~~, meal assistance, and supervision over medications which can be self administered.

“Potentially hazardous food” means a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, the growth and toxin production of clostridium botulinum, or in raw shell eggs, the growth of salmonella enteritidis. Potentially hazardous food includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic and oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth of bacteria.

“Program of care” means all services being provided for a resident in a health care facility.

“Qualified mental retardation professional” means a psychologist, physician, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and having one year’s experience working with the mentally retarded.

“Qualified nurse” means a registered nurse or a licensed practical nurse, as defined in Iowa Code chapter 152.

“Rate” means that daily fee charged for all residents equally and shall include the cost of all minimum services required in these rules and regulations.

“Responsible party” means the person who signs or cosigns the admission agreement required in 58.13(135C) or the resident’s guardian or conservator if one has been appointed. In the event that a resident has neither a guardian, conservator nor person who signed or cosigned the resident’s admission agreement, the term “responsible party” shall include the resident’s sponsoring agency, e.g., the department of ~~social~~ human services, Veterans’ Administration, religious groups, fraternal organizations, or foundations that assume responsibility and advocate for their client patients and pay for their health care.

“Restraints” means ~~the measures taken to control a resident’s physical activity for the resident’s own protection or for the protection of others~~ any chemical, manual method or physical or mechanical device, material, or equipment attached to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.

“Substantial evening meal” is defined as an offering of three or more menu items at one time, one of which includes a high protein such as meat, fish, eggs or cheese. The meal would represent no less than 20 percent of the day’s total nutritional requirements.

ITEM 2. Amend subrules 58.10(2) and 58.10(8) as follows:

58.10(2) There shall be a written job description developed for each category of worker. The job description shall include title of job, job summary, ~~pay range~~, qualifications (formal education and experience), skills needed, physical requirements, and responsibilities. (III)

58.10(8) Infection control program. Each facility shall have a written and implemented infection control ~~program addressing the following:~~ and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (I, II, III) CDC guidelines are available at <http://www.cdc.gov/ncidod/dhqp/index.html>.

~~a. Techniques for hand washing consistent with Guidelines for Handwashing and Hospital Control, 1985, Centers for Disease Control, U.S. Department of Health and Human Services, PB85-923404; (I, II, III)~~

~~b. Techniques for handling of blood, body fluids, and body wastes consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III)~~

~~c. Decubitus care; (I, II, III)~~

~~d. Infection identification; (I, II, III)~~

~~e. Resident care procedures to be used when there is an infection present which are consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III)~~

- ~~f. Sanitation techniques for resident care equipment; (I, II, III)~~
 - ~~g. Techniques for sanitary use and reuse of feeding syringes and single resident use and reuse of urine collection bags; (I, II, III)~~
 - ~~h. Techniques for use and disposal of needles, syringes, and other sharp instruments consistent with Guideline for Isolation Precautions in Hospitals, Centers for Disease Control, U.S. Department of Health and Human Services, PB96-138102; (I, II, III)~~
 - ~~i. Aseptic techniques when using: (I, II, III)~~
 - ~~(1) Intravenous or central line catheter consistent with Guidelines for Prevention of Intravascular Device Related Infections, Centers for Disease Control, U.S. Department of Health and Human Services, PB97-130074, (I, II, III)~~
 - ~~(2) Urinary catheter, (I, II, III)~~
 - ~~(3) Respiratory suction, oxygen or humidification, (I, II, III)~~
 - ~~(4) Dressings, soaks, or packs, (I, II, III)~~
 - ~~(5) Tracheostomy, (I, II, III)~~
 - ~~(6) Nasogastric or gastrostomy tubes. (I, II, III)~~
- ~~CDC Guidelines may be obtained from the U.S. Department of Commerce, Technology Administration, National Technical Information Service, 5285 Port Royal Rd., Springfield, Virginia 22161 (1-800-553-6847).~~

ITEM 3. Amend subrule 58.11(1), paragraph “i,” as follows:

- i. Those persons employed as nurse’s aides, orderlies, or attendants in a nursing facility who have not completed the state-approved ~~60~~ 75-hour nurse’s aide program shall be required to participate in a structured on-the-job training program of 20 hours’ duration to be conducted prior to any resident contact, except that contact required by the training program. This

educational program shall be in addition to facility orientation. Each individual shall demonstrate competencies covered by the curriculum. This shall be observed and documented by an R.N. and maintained in the personnel file. No aide shall work independently until this is accomplished, nor shall their hours count toward meeting the minimum hours of nursing care required by the department. The curriculum shall be approved by the department. An aide who has completed the state-approved 60 75-hour course may model skills to be learned.

Further, such personnel shall be enrolled in a state-approved ~~60~~ 75-hour nurse's aide program to be completed no later than six months from the date of employment or the effective date of implementation of this rule, whichever is the later. Those persons employed as nurse's aides, orderlies, or attendants by the facility prior to the effective date of this rule shall be exempt from participation in the 20-hour structured on-the-job training requirement. If the state-approved 60 75-hour program has been completed prior to employment, the on-the-job training program requirement is waived. The 20-hour course is in addition to the ~~60~~ 75-hour course and is not a substitute in whole or in part. The ~~60~~ 75-hour program, approved by the department, may be provided by the facility or academic institution.

Newly hired aides who have completed the state-approved 60 75-hour course shall demonstrate competencies taught in the 20-hour course upon hire. This shall be observed and documented by an R.N. and maintained in the personnel file.

All personnel administering medications must have completed the state-approved training program in medication administration. (II)

ITEM 4. Amend subrule 58.11(3), paragraph "a," as follows:

a. Each health care facility shall submit a form specified by the department of public safety to the department of public safety, and receive the results of a criminal history check and

dependent adult abuse record check before any person is employed in a health care facility. The health care facility ~~may~~ shall submit a form specified by the department of human services to the department of human services to request a child abuse history check. For the purposes of this subrule, “employed in a facility” shall be defined as any individual who is paid, either by the health care facility or any other entity (i.e., temporary agency, private duty, Medicare/Medicaid or independent contractors), to provide direct or indirect treatment or services to residents in a health care facility. Direct treatment or services include those provided through person-to-person contact. Indirect treatment or services include those provided without person-to-person contact such as those provided by administration, dietary, laundry, and maintenance. Specifically excluded from the requirements of this subrule are individuals such as building contractors, repair workers or others who are in a facility for a very limited purpose, are not in the facility on a regular basis, and who do not provide any treatment or services to the residents of the health care facility. (I, II, III)

ITEM 5. Amend subrule 58.12(1), paragraph “b,” as follows:

b. No nursing facility shall admit more residents than the number of beds for which it is licensed, except as guest rooms for visitors. (II, III)

ITEM 6. Amend subrule 58.12(2), paragraphs “a” and “d,” as follows:

a. Prior notification shall be made to the resident, as well as the resident’s next of kin, legal representative, attending physician, and sponsoring agency, if any, prior to transfer or discharge of any resident. (III)

d. Advance notification ~~by telephone~~ will be made to the receiving facility prior to the transfer of any resident. (III)

ITEM 7. Amend subrule 58.15(7), paragraph “a,” as follows:

a. An employment record shall be kept for each employee consisting of the following information: name and address of employee, social security number of employee, date of birth of employee, date of employment, experience and education, references, position in the home, criminal history and dependent adult abuse background checks, and date and reason for discharge or resignation. (III)

ITEM 8. Amend subrule 58.16(3) as follows:

58.16(3) Residents shall have clean clothing as needed to present a neat appearance, be free of odors, and to be comfortable. Clothing shall be based on resident choice and shall be appropriate to their activities and to the weather. (III)

ITEM 9. Amend subrule 58.16(9) as follows:

58.16(9) Residents who are not bedfast shall be fully dressed, if they desire, each day to maintain self-esteem and promote the individual's normal lifestyle unless the resident requests differently. (III)

ITEM 10. Amend subrule 58.16(10) as follows

58.16(10) Residents shall ~~be required to bathe at least twice a week~~ receive a bath of their choice, based on the facility's accommodations, as needed to maintain proper hygiene. (II, III)

ITEM 11. Amend subrule 58.18(1) as follows:

58.18(1) Individual health care plans shall be based on resident treatment decisions, the nature of the illness or disability, treatment, and care prescribed. ~~Long and short term goals~~ Goals shall be developed by each discipline providing service, treatment, and care. These plans shall be in writing, revised as necessary, and kept current. They shall be made available to all those rendering the services and for review by the department. (III)

ITEM 12. Amend subrule 58.18(4) as follows:

58.18(4) The facility shall provide prompt response from qualified staff for the resident's use of the ~~electrically-operated~~ nurse call system. (II, III) (Prompt response being considered as no longer than 15 minutes.)

ITEM 13. Amend subrule 58.19(1), paragraph "m," subparagraphs "(5)" and "(7)," as follows:

(5) Assistance with food preparation and ~~feeding~~ meal assistance including total ~~feeding~~ assistance if needed; (II, III)

(7) ~~Tube feeding~~ External nutrition (to be performed by a registered nurse or licensed practical nurse only); (I, II, III)

ITEM 14. Amend subrule 58.19(2) as follows:

58.19(2) Medication and treatment.

a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)

b. ~~Decubitus~~ Wound care; (I, II)

c. ~~Heat lamp~~; (II, III)

d. ~~Clinitest/acetest~~ Blood glucose monitoring; (I, II)

e. Vital signs, blood pressure, and weights; (I, II)

f. Ambulation and transfer; (II, III)

g. Provision of restraints; (I, II)

h. Administration of oxygen (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II)

~~ih.~~ Provision of all treatments; (I, II, III)

ji. Provide emergency and arrange medical care, including transportation, in accordance with written policies and procedures of the facility. (I, II, III)

~~kj.~~ Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)

ITEM 15. Amend subrule 58.20(2) as follows:

58.20(2) Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs and choices, where practicable, are met; (II, III)

ITEM 16. Amend subrule 58.20(3) as follows:

58.20(3) Review the health care needs and choice, where practicable, of each resident admitted to the facility and assist the attending physician in planning for the resident's care; (II, III)

ITEM 17. Amend subrule 58.20(4) as follows:

58.20(4) Develop and implement a written health care plan in cooperation with to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and other disciplines in accordance with instructions of the attending physician as follows:

a. The written health care plan, based on the assessment and reassessment of the resident health needs and choices, where practicable, is personalized for the individual resident and indicates care to be given, ~~short and long term~~ goals to be accomplished, and methods, approaches, and modifications necessary to achieve best results; (III)

b. The health service supervisor is responsible for preparing, reviewing, supervising the implementation, and revising the written health care plan; (III)

c. The health care plan is readily available for use by all personnel caring for the resident; (III)

ITEM 18. Amend subrule 58.20(5) as follows:

58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III)

ITEM 19. Amend subrule 58.20(8) as follows:

58.20(8) Plan with the resident and the resident's physician, family and health-related agencies for the care of the resident upon discharge; (III)

ITEM 20. Amend subrule 58.20(16) as follows:

58.20(16) Supervise serving of ~~diets~~ meals to ensure that individuals unable to ~~feed~~ assist themselves are promptly fed and that special eating ~~utensils~~ adaptive devices are available as needed; (II, III)

ITEM 21. Amend subrule 58.21(1) as follows:

58.21(1) Drug storage for residents who are unable to take their own medications and require supervision shall meet the following requirements:

a. A cabinet with a lock, convenient to nursing service, shall be provided and used for storage of all drugs, solutions, and prescriptions; (III)

~~b. A bathroom shall not be used for drug storage; (III)~~

~~e~~b. The drug storage cabinet shall be kept locked when not in use; (III)

~~dc.~~ The medication cabinet key shall be in the possession of the person directly responsible for issuing medications; (II, III)

~~ed.~~ Double-locked storage of Schedule II drugs shall not be required under single unit package drug distribution systems in which the quantity stored does not exceed a three-day supply and a missing dose can be readily detected. (II)

ITEM 22. Amend subrule 58.21(12) as follows:

58.21(12) Emergency ~~medication tray~~ medications. A nursing facility shall provide an emergency ~~medication tray~~ medications pursuant to the following requirements; (III) ~~There shall be compliance with the following requirements:~~

a. Prescription drugs as well as nonprescription items ~~in the tray~~ must be prescribed or approved by the physician, in consultation with the pharmacist, who provides emergency service to the facility; (III)

b. The ~~tray~~ emergency medications shall be stored in an accessible place; (III)

c. ~~The tray shall contain a~~ A list of its ~~contents~~ the emergency medications and quantities of each item ~~on the outside cover and within the box~~ shall be maintained by the facility; (III)

d. The ~~tray~~ container holding the emergency medications shall be closed with a seal which may be broken when drugs are required in an emergency or for inspection; (III)

e. Any item removed from the ~~tray~~ emergency medications will be replaced within 48 hours; (III)

f. A permanent record shall be kept of each time the ~~tray is utilized~~ emergency medications are used; (III)

g. The ~~tray~~ emergency medications shall be inspected by a pharmacist at least once every three months to determine the stability of items ~~in the tray~~. (III)

ITEM 23. Amend subrule 58.21(14), paragraphs “b” and “g,” as follows:

b. Medication containers having soiled, damaged, illegible or makeshift labels, or medication samples shall be returned to the issuing pharmacist, pharmacy, or physician for relabeling or disposal. (III)

g. Unused prescription drugs prescribed for residents who are deceased shall be ~~destroyed by a qualified nurse with a witness and notation made on the resident’s record, or, if a unit dose system is used, such drugs shall be~~ returned to the supplying pharmacist. (III)

ITEM 24. Amend subrule 58.21(14), paragraph “p,” subparagraph (1), as follows:

(1) Establish a medication schedule system which identifies the time and dosage of each medication prescribed for each resident, which is based on the resident’s desired routine and approved by the resident’s physician. (II, III)

ITEM 25. Amend subrule 58.24(1) as follows:

58.24(1) Organization of dietetic ~~service department~~ services. The facility shall meet the needs of the residents and provide the services listed in this standard. If the service is contracted out, the contractor shall meet all the standards. A written agreement shall be formulated between the facility and the contractor and shall convey to the department the right to inspect the food service facilities of the contractor. (III)

a. There shall be written policies and procedures for ~~the dietetic service department~~ services that include staffing, nutrition, menu planning, therapeutic diets, preparation, service, ordering, receiving, storage, sanitation, and hygiene of staff. The policies and procedures shall be ~~kept in a notebook and~~ made available for use ~~in the~~ for dietetic service department services. (III)

b. There shall be written job descriptions for each position in ~~the dietetic service department~~ services. The job descriptions shall be ~~posted or kept in a notebook and~~ made available for use ~~in the~~ for dietetic service department services. (III)

ITEM 26, Amend subrule 58.24(2), paragraphs “b” and “d,” as follows:

b. The supervisor shall have overall supervisory responsibility for ~~the dietetic service department~~ services and shall be employed for a sufficient number of hours to complete management responsibilities that include:

(1) Participating in regular conferences with consultant dietitian, administrator and other department heads; (III)

(2) Writing menus with consultation from the dietitian and seeing that current menus are posted and followed and that menu changes are recorded; (III)

(3) Establishing and maintaining standards for food preparation and service; (II, III)

(4) Participating in selection, orientation, and in-service training of dietary personnel; (II, III)

(5) Supervising activities of dietary personnel; (II, III)

(6) Maintaining up-to-date records of residents identified by name, location and diet order; (III)

(7) Visiting residents to learn individual needs and communicating with other members of the health care team regarding nutritional needs of residents when necessary; (II, III)

(8) Keeping records of repairs of equipment in ~~the dietetic service department~~ services. (III)

d. The facility ~~shall not~~ may assign trained personnel duties simultaneously in the kitchen and laundry, housekeeping, or nursing service ~~except in an emergency situation. If such a~~

~~situation occurs, proper~~ Proper sanitary and personal hygiene procedure shall be followed as outlined under the rules pertaining to hygiene of staff. (II, III)

ITEM 27. Amend subrule 58.24(2), paragraph “f,” subparagraph (2), as follows:

(2) Work with residents and ~~nursing~~ staff on resident care plans; (III)

ITEM 28. Amend subrule 58.24(2), paragraph “g,” as follows:

g. In facilities licensed for more than 15 beds, ~~food service personnel~~ dietetic services shall be ~~on duty~~ available for a minimum of a 12-hour span extending from the preparation of breakfast through supper. (III)

ITEM 29. Amend subrule 58.24(3) as follows:

58.24(3) Nutrition and menu planning.

a. Menus shall be planned and followed to meet nutritional needs of each resident in accordance with the physician’s orders and in consideration of the resident’s choices and preferences. (II, III)

b. Menus shall be planned ~~and served to include foods and amounts necessary to meet the current Recommended Daily Dietary Allowances, 1989 edition, adopted by the Food and Nutrition Board of the National Research Council, National Academy of Sciences~~ to provide 100 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. A current copy of the Simplified Diet Manual published by Blackwell Publishing, Ames, Iowa, shall be available and used in the planning and serving of all diets. (II)

~~The food groups listed below and the food groups for menu planning in the 1998 edition of the Simplified Diet Manual, Iowa State University Press, Ames, Iowa, shall be used as a minimum for planning resident menus.~~

- ~~(1) Milk—two or more cups served as beverage or used in cooking;~~
- ~~(2) Meat group—two or more servings of meat, fish, poultry, eggs, cheese or equivalent;~~
~~at least four to five ounces edible portion per day;~~
- ~~(3) Vegetable and fruit group—four or more servings (two cups). This shall include a~~
~~citrus fruit or other fruit and vegetable important for vitamin C daily, a dark green or deep yellow~~
~~vegetable for vitamin A at least every other day, and other fruits and vegetables, including~~
~~potatoes;~~
- ~~(4) Bread and cereal group—four or more servings of whole grain, enriched or restored;~~
- ~~(5) Foods other than those listed shall be included to meet daily energy requirements~~
~~(calories) to add to the total nutrients and variety of meals.~~

c. At least three meals or their equivalent shall be served daily, at regular hours comparable to normal mealtimes in the community. (II)

(1) There shall be no more than a 14-hour span between a substantial evening meal and breakfast except as provided in subparagraph (3) below. (II, III)

(2) The facility shall offer snacks at bedtime daily. (II, III)

(3) When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast of the following day. The current resident group must agree to this meal span and a nourishing snack must be served. (II)

d. Menus shall include a variety of foods prepared in various ways. The same menu shall not be repeated on the same day of the following week. (III)

e. Menus shall be written at least one week in advance. The current menu shall be located in an accessible place in the dietetic service department for easy use by persons purchasing, preparing and serving food. (III)

f. Records of menus as served shall be filed and maintained for 30 days and shall be available for review by department personnel. When substitutions are necessary, they shall be of similar nutritive value and recorded. (III)

g. A file of tested recipes adjusted to the number of people to be ~~fed~~ served in the facility shall be maintained. (III)

h. Alternate foods shall be offered to residents who refuse the food served. (II, III)

ITEM 30. Amend subrule 58.24(7), paragraphs “b” and “c,” as follows:

b. Residents ~~shall not~~ may be allowed in the food preparation area. (III)

c. The food preparation area ~~shall not~~ may be used as a dining area for residents, staff or food service personnel. (III)

ITEM 31. Amend subrule 58.24(8) as follows:

58.24(8) Hygiene of ~~food service~~ personnel.

a. ~~Food service personnel~~ Personnel, if involved in dietetic services, shall be trained in basic food sanitation techniques, shall be clean and wear clean clothing, including a cap or a hairnet sufficient to contain, cover and restrain hair. Beards, mustaches and sideburns that are not closely cropped and neatly trimmed shall be covered. (III)

b. ~~Food service personnel~~ Personnel shall be excluded from duty when affected by skin infections or communicable diseases in accordance with the facility’s infection-control policies. (II, III)

c. Employee street clothing stored in the food service area shall be in a closed area. (III)

d. Food preparation sinks shall not be used for hand washing. Separate hand-washing facilities with soap, hot and cold running water, and single-use towels shall be used properly. (II, III)

~~e. Persons other than food service personnel shall not be allowed in the food preparation area unless required to do so in the performance of their duties. (III)~~

~~f.~~ The use of tobacco shall be prohibited in the kitchen. (III)

ITEM 32. Amend subrule 58.29(6) as follows:

58.29(6) Electric heating pads, blankets, or sheets shall be used only on the written order of a physician, when allowed by the Life Safety Code or applicable state or local fire regulations. (II, III)

ITEM 33. Amend rule 58.31(135C) by rescinding subrule 58.31(15).

ITEM 34. Amend subrule 58.35(1), paragraph “f,” as follows:

f. All fans located within seven feet of the floor shall be protected by screen guards of not more than ~~one-fourth~~ one-half-inch mesh. (III)

ITEM 35. Amend subrule 58.35(4), paragraphs “a,” “b,” and “l,” as follows:

a. Each resident shall be provided with a standard, single, or twin bed, substantially constructed and in good repair. Rollaway beds, metal cots, or folding beds are not acceptable. Seventy-five percent of the beds shall have a spring with adjustable head and foot section. A resident shall have the right to sleep in a chair per the resident’s request and have the bed removed from the room to allow for additional space. (III)

b. Each bed shall be equipped with the following: casters or glides unless a low bed and mattress is being used for fall precautions; ~~clean springs in good repair;~~ a clean, comfortable, well-constructed mattress approximately five inches thick and standard in size for the bed; clean, comfortable pillows of average size; and moisture-proof covers and sheets as necessary to keep the mattress and pillows dry and clean. (III)

I. Each room shall have sufficient accessible mirrors to serve residents' needs. Mirrors are not required if the room is located in a CCDI unit and the mirrors cause concern for the resident. (III)

ITEM 36. Amend rule ~~481—58.37(135C)~~ as follows:

~~481—58.37(135C) Animals. No animals shall be allowed~~ Animals may be permitted within the facility ~~except with written~~ with prior approval of the department and under controlled conditions. (III)

ITEM 37. Amend rule ~~481—58.55(135C)~~ as follows:

~~481—58.55(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the same physical structure of the facility, if the other business or activity is under the control of and is directly related to and incidental to the operation of the health care facility, or the business or activity is approved by the department and the state fire marshal~~ meets the requirements of applicable state and federal laws, administrative rules, and federal regulations.

To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs “a” through “~~ff~~” of this rule. (I, II, III)

58.55(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;

~~b. Compatibility of the proposed business or activity with the facility program;~~

- ~~eb.~~ Noise created by the proposed business or activity;
- ~~ed.~~ Odors created by the proposed business or activity;
- ~~e.~~ Use of entrances and exits for the business or activity in regard to safety and disturbance of residents and interference with delivery of services;
- ~~fd.~~ Use of the facility's corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;
- ~~ge.~~ Proposed staffing for the business or activity; and
- ~~hf.~~ Sharing of services and staff between the proposed business or activity and the facility;
- ~~i.~~ Facility layout and design; and
- ~~j.~~ Parking area utilized by the business or activity.

58.55(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

58.55(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 61. (I, II, III)

ITEM 38. Amend subrule 61.3(1) as follows:

61.3(1) This chapter covers both new and existing construction, except as noted in paragraphs “a” through “f” below. In various sections of the rules specific provisions for existing structures which differ from those for new construction are indicated by a notation at the end of the rule as follows:

- a. (Exception 1): Rule does not pertain to facilities built before 1957;
- b. (Exception 2): Rule does not pertain to facilities built before 1972;

c. (Exception 3): Rule does not pertain to facilities built according to plans approved by the department prior to January 1, 1977;

d. (Exception 4): Rule does not pertain to facilities built according to plans approved by the department prior to November 21, 1990.

e. (Exception 5): Rule does not pertain to facilities built according to plans approved by the department prior to May 6, 1992.

f. (Exception 6): Rule does not pertain to facilities built or renovated according to plans approved by the department and designated as a person directed care environment.

ITEM 39. Amend rule 61.3 by rescinding subrule 61.3(6).

ITEM 40. Amend subrule 61.4(2) as follows:

61.4(2) Minimum exit corridor widths shall be 8 feet in new construction and not less than 4 feet for renovated facilities or as approved by the department. ~~except that corridors~~ Corridors in adjunct areas not intended for the housing or use by residents may be a minimum of 6 feet in width. (III) Handrails may project into corridors.

ITEM 41. Amend subrule 61.4(17) as follows:

61.4(17) All fans located within 7 feet of the floor shall be approved by Underwriters' Laboratories Inc. (UL) and shall have a guard with no greater than ~~1/4~~ one-half-inch spacing in one direction. (III)

ITEM 42. Amend subrule 61.4(18), paragraph "d," as follows:

d. Ceilings shall be acoustically treated in ~~nurses' stations,~~ nursing areas, day rooms, dining rooms, recreation, waiting areas and corridors in resident areas. (III)

ITEM 43. Amend subrule 61.5(1) as follows:

61.5(1) A nursing care unit shall ~~not contain or have access to more than 60 beds.~~ (III) It shall have the following ~~rooms or~~ areas: (III)

- a. Nurses' ~~station~~ space,
- b. Clean ~~workroom~~ work area,
- c. Medication ~~room~~ storage,
- d. Resident rooms,
- e. Resident toilets or baths,
- f. Soiled ~~workroom~~ work area, and
- g. Enclosed clean linen storage.

ITEM 44. Amend subrule 61.5(2) as follows:

61.5(2) ~~A nurses' station shall be centrally located in the resident area and shall have a well-lighted work area for charting and storage for records and supplies.~~ There shall be a secure place of method of storing resident information and supplies. (III)

ITEM 45. Amend subrule 61.5(3) as follows:

61.5(3) A clean ~~workroom~~ work area for storage and assembly of clean supplies shall contain a work counter and sink. (III)

ITEM 46. Amend subrule 61.5(4) as follows:

61.5(4) ~~A lockable medication room shall be provided adjacent to the nurses' station. It shall have a work counter, sink, refrigerator, locked storage and facilities for preparation of medication. Both the counter and cabinet shall be well-lighted.~~ Lockable medication storage including the provision of Schedule II drugs. (III)

ITEM 47. Amend rule 61.5 by rescinding subrules 61.5(5) and 61.5(6).

ITEM 48. Amend subrule 61.5(7) as follows:

61.5(7) Resident rooms shall meet at least the following requirements:

a. ~~Bedrooms shall~~ Shall open directly into a corridor or common living area. ~~Bedrooms~~ and shall not be used as a thoroughfare. (III)

b. The minimum room area, exclusive of closets, toilet rooms, lockers, wardrobes, vestibules, and corridor door swings shall be at least 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms. Usable floor space shall be no less than 8 feet in any direction. All resident rooms shall be designed with a minimum of 3 feet of space between beds, lateral walls or room furnishings. (III) (Exception 4)

c. Each resident room shall be provided with light and ventilation by means of a window or windows with a minimal net glass area equal to at least 10 percent of the total floor area. The windows shall open without the use of tools. Provisions for locking windows must be approved by the state fire marshal. The window sill shall not be higher than 3 feet above the floor. (III)

d. There shall be a wardrobe or closet in each resident's room. The minimum clear dimensions shall be 1 foot 10 inches deep by 2 feet 6 inches wide of clear hanging space for each resident. A clothes rod and shelf shall be provided. See subrule 61.7(9). (III) (Exception 2)

e. In a shared closet, segregated portions shall be established. Each wardrobe and closet in each resident room shall have a door. (III) (Exception 4)

f. No bedroom shall have the floor on the window wall more than 2 feet 6 inches below the adjacent grade level. (III)

g. Fixtures or storage shall be provided to hold individual towels and washcloths. (III)

h. No part of any room shall be enclosed, subdivided or partitioned unless that part is separately lighted and ventilated and meets such other requirements dictated by usage and occupancy. Closets used for the storage of resident's clothing are excepted. (III)

~~i. Rooms in which beds are erected shall be used only as bedrooms. (III)~~

ji. Each resident bedroom shall have a door. The door shall be the swing type and shall swing in, unless fully recessed. (III)

~~kj. Resident rooms shall be designed to permit no more than two beds which shall be in a side-by-side or toe-to-toe arrangement or other arrangement approved by the department. (III)~~
(Exception 4)

lk. Each resident bedroom shall be designed so the head of the bed is not in front of a window, a heat register, or radiator. (III)

ml. One lavatory shall be provided in each resident room. The lavatory may be omitted from a room when a lavatory is located in a connecting toilet room, which serves not more than two beds. (III) (Exception 4)

nm. Full visual privacy for each resident shall be provided in multibed rooms. Portable screens are not acceptable. (III)

~~o. A nurses' call system shall be provided in accordance with subrule 61.12(9). (II)~~

pn. Each resident shall have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two rooms. (III) (Exception 3)

qo. No resident room shall be located more than ~~120~~ 150 feet from an exit ~~the nurses' station, the clean workroom, and the soiled workroom. Exception: In facilities which use a toe-to-toe bed arrangement, this distance may be increased to 140 feet with approval from the~~ department. (III) (Exception 2)

ITEM 49. Amend subrule 61.5(9) as follows:

61.5(9) Each facility must provide bathing systems that meet the needs of the residents.

~~Central bathing~~ Bathing facilities shall be provided according to the following standards:

a. There shall be at least one bathing unit for each wing on each floor of a facility with a minimum of one unit for each 20 residents or part of 20. In facilities licensed for 15 or fewer beds, at least one bathing unit shall be provided for each five residents. (III)

b. Every ~~central~~ bathing unit shall have a toilet and sink which are accessible to and functional for persons with physical handicaps. (III) (Exception 2)

c. Privacy for dressing and bathing shall be provided in ~~central~~ bathrooms. (III)

d. All bathrooms shall have mechanical ventilation. (III) (Exception 2) See subrule 61.11(3), paragraph “c.”

e. Showers ~~in central bathing facilities~~ shall be at least 4 feet by 5 feet without curbs, and designed to permit use from a wheelchair. All tubs and shower floors shall have slip-resistant surfaces. (III) (Exception 4)

f. ~~Central bathing~~ Bathing areas shall have a swinging door which swings into the area. (III)

g. Lavatories intended for use by residents shall be securely anchored to withstand an applied vertical load of not less than 250 pounds on the front of the fixture and shall be usable by people in wheelchairs. (III)

h. Hot water and drain pipes under lavatories shall be insulated or shielded per ANSI standard A117.1-1986. (III) (Exception 4)

i. Soap holders shall be provided at showers and bathtubs. Soap holders in showers shall be recessed. (III) (Exception 2)

j. All toilet, bath and shower facilities shall be equipped with grab bars and adequate safety devices. The bars shall have a diameter of 1¼ to 1½ inches and have a 1½-inch clearance to walls, shall be anchored with sufficient strength to sustain a concentrated load of 250 pounds, and shall meet the requirements of the ANSI document A117.1-1986. (II, III)

k. Raised toilet seats shall be available for residents as needed. (III)

~~l. Each facility must provide no less than one institutional system for bathing the handicapped. (III) (Exception 2)~~

~~m. Showers shall be equipped with a shower head on the end of a flexible hose. (III) (Exception 2)~~

~~n. In facilities where the total occupancy of family, employees, and residents is more than five, separate bathing and toilet facilities shall be required for the family or employees distinct from such areas provided for residents. (III)~~

ITEM 50. Amend subrule 61.5(10) as follows:

61.5(10) The soiled workroom shall contain a clinical flush-rim service sink, a work counter, waste and soiled linen receptacles and a two-compartment sink. One compartment of the double sink shall be at least ~~4~~ 10 inches deep for cleaning and sanitizing equipment such as bedpans, urinals and wash basins. Clinical flush-rim service sinks shall have an integral trap in which the upper portion of the water surface shall provide a visible trap seal ~~provides a water surface~~. (III) (Exception 3)

ITEM 51. Amend subrule 61.5(11) as follows:

61.5(11) Enclosed clean linen storage shall be separate from the clean ~~workroom~~ work area. (III) (Exception 4)

ITEM 52. Amend rule 481—61.6(135C) as follows:

481—61.6(135C) ~~Support~~ Facility support area.

61.6(1) ~~A support area~~ Each facility shall contain or provide for the following:

- a. ~~Multipurpose room~~ Living area,
- b. Dining ~~room~~ area,
- c. Personal care ~~room~~ area,
- d. Equipment storage ~~room~~ area,
- e. ~~Examination and treatment room~~,
- ~~fe. Physical therapy room~~ Therapy area, and
- ~~gf. Isolation room~~ A provision for isolation.

The size of a support area shall depend upon the number of licensed beds. (III)

61.6(2) Where space is provided for multipurpose dining, activities, or recreational purposes, the area shall total at least 30 square feet per licensed bed for the first 100 beds and 27 square feet per licensed bed for all beds in excess of 100. An open area of sufficient size shall be provided to permit group activities such as religious meetings or presentation of demonstrations or entertainment. (III)

61.6(3) Where space is provided to be used only for activities and recreational purposes, the area shall be at least 15 square feet per licensed bed. At least 50 percent of the required area must be in one room. (III) (Exception 4)

- a. The activity area shall be readily accessible to wheelchair and ambulatory residents.
- b. The activity area shall be of sufficient size to accommodate necessary equipment and to permit unobstructed movement of wheelchairs, residents and personnel responsible for instructing and supervising residents.

c. Space to store recreational equipment and supplies for the activities program shall be within, or convenient to, the area or areas. Locked storage shall be available for potentially dangerous items such as scissors, knives and toxic materials. (II, III)

61.6(4) Where the dining and recreation areas are separated, each area shall have:

a. A minimum of 180 square feet of usable floor space and be at least 10 feet in any one direction. (III)

b. An area of at least 15 square feet per licensed bed when the area is used for dining only. (III) (Exception 4)

61.6(5) ~~A~~ Access to a personal care room area with barber and beauty shop facilities shall be provided. (III) (Exception 4)

61.6(6) An equipment storage ~~room~~ area shall be available for each nursing unit for immediate storage of walkers, wheelchairs, bed rails, intravenous stands, inhalators, air mattresses and similar bulky equipment. ~~The area of the storage room may be used in calculating the total general storage area required in subrule 61.7(9). This space may be located in an area other than that designated for general storage.~~ (III)

61.6(7) An alcove or area shall be provided for parking stretchers and wheelchairs. (III) (Exception 2)

61.6(8) ~~A room for examination and treatment of residents shall be provided. This room shall have a minimum floor area of 120 square feet. The minimum room dimension shall be 10 feet. The room shall contain a lavatory or sink, storage facility, work counter and space for a treatment table.~~ (III)

61.6(9) A ~~physical~~ therapy area shall contain a lavatory or sink, a full-length mirror, storage facility, a work counter, space for the appropriate equipment and have a minimum floor

area of 180 square feet. ~~This room may be combined with the examination and treatment room, as required by subrule 61.6(8), if the floor area is no less than 225 square feet.~~ (III) (Exception 3)

~~61.6(10) At least one single bed room with a private toilet shall be provided for isolation. The bed in the isolation room shall be counted in the total licensed bed capacity of the facility. Provision for isolation shall be provided.~~ (III)

ITEM 53. Amend subrule 61.7(2) as follows:

61.7(2) The construction and installation of equipment of the dietetic service area shall comply with, or exceed, the minimum standards set forth in the ~~“Food Service Sanitation Manual” Department of Health Education and Welfare (DHEW) Publication No. (FDA) 78-2081, 1976 Edition~~ 1999 Food Code, U.S. Public Health Service, Food and Drug Administration, Washington, DC 20204. (III) (Exception 4)

a. Detailed layout plans and specifications of equipment shall be submitted to the department for review and approval before the new construction, alterations or additions to existing kitchens begin. (III)

b. A dining area for residents and staff shall be provided outside of the food preparation area. (III)

c. The dishwashing area shall have mechanical dishwashing equipment designed to handle racks that are coordinated with mobile dish storage equipment. (III) Either conventional or chemical dishwashing equipment may be used.

(1) Water temperature requirements for conventional dishwashing equipment are found in 61.11(4)“c”(8), Table 3. (III)

(2) A three-compartment pot and pan sink shall be provided for soaking and washing utensils. It must be large enough for sanitizing all sizes of utensils used and must provide easy access to the dishwasher. (III) (Exception 1) (Exception 6)

(3) Machines using chemicals for sanitation may be used provided that:

1. The temperature of the wash water is not less than 120° F. (III)
2. The wash water is kept clean. (III)
3. Chemicals added for sanitation purposes are automatically dispensed. (III)
4. Utensils and equipment are exposed to the final chemical sanitizing rinse in accordance with manufacturers' specifications for time and concentration. (III)
5. The chemical sanitizing rinse water temperature is not less than 75° F nor less than the temperature specified by the machine's manufacturer. (III)

d. The dietetic service area shall be designed to separate clean and dirty areas in accordance with the ~~"Food Service Sanitation Manual" DHEW Publication No. FDA 78-2081, 1976 Edition~~ 1999 Food Code, U.S. Public Health Service, Food and Drug Administration, Washington, DC 20204. (III)

e. A hand-washing lavatory without mirror shall be provided in the dietetic service area. (III) (Exception 2)

f. There shall be refrigerated storage for at least a three-day supply of perishable food. (III)

g. There shall be available storage for at least a seven-day supply of staple food. (III)

h. No less than 2½ square feet of shelving per resident bed shall be provided for staple food storage. (III)

i. A storage area for carts shall be provided. (III)

j. Provisions for sanitary waste disposal and storage of waste shall be provided on the premises. (III)

k. A toilet room with lavatory conveniently accessible for the dietary staff shall be provided. The toilet room shall not open directly into the dietary area. (III)

l. There shall be an outside service entrance to the food service area which does not open directly into the food preparation area. (III) (Exception 6)

m. The food service area shall be at least 10 square feet per resident bed. Variances to this rule may be granted on the basis of equipment and serving methods used. (III) (Exception 4) (Exception 6)

n. Where meals are provided by a health care facility or by a commercial food service, the preparation, storing and serving of the food and the utensil sanitizing procedures shall meet the requirements of these rules. (III)

o. Mechanical ventilation shall be provided as required in subrule 61.11(3), paragraph “i.” (III)

ITEM 54. Amend rule **481—61.8(135C)** as follows:

481—61.8(135C) Administration and staff area. An administration and staff area shall contain space for the following ~~rooms or areas~~:

1. Administrator’s ~~office~~ area;
2. Business ~~office~~ area;
3. Social service ~~office~~ area; (Exception 4)
4. Storage space for office equipment and supplies; (Exception 3)
5. Conference or training ~~room~~ area; (Exception 3)
6. Staff lounge;

7. Staff toilet room with lavatory and water closet;
8. Activity director's ~~office~~ area; (Exception 4)
9. Director of nurses' ~~office~~ area; (Exception 2)
10. Food service supervisor's ~~office~~ area; (Exception 4)
11. Reception and information counter or desk, which may be combined in the business ~~office~~ area; and
12. An area for the safekeeping of coats and personal effects of staff. (III)

The size and location of an administration and staff area shall depend upon the number of licensed beds within the nursing unit. (Exception 6)

~~In facilities of 15 or fewer beds, an office shall be provided which may substitute for a nurses' station, administrator's office and business office. This area shall contain work space for charting and records and medication storage. (III)~~

ITEM 55. Amend rule 481—61.9(135C), introductory paragraph, as follows:

481—61.9(135C) Public area. ~~In each facility there shall be an entry area equipped with a coatrack and a shelf. (III)~~

ITEM 56. Chapter 61, Table 2, as follows:

Table 2
PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN
AREAS OF NURSING FACILITIES

Area Design	Pressure Relationship To Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors
Resident Room	E	2	2	Opt. (#1)
Resident Area Corridor	E	2	2	Opt. (#3)
Examination and	N	2	6	Opt. (#1)

Treatment Room				
Physical Therapy	N	2	6	Opt. (#1)
Soiled Workroom <u>Work Area</u> or Soiled Holding	N	2	10	Yes
Toilet Room	N	Opt. (#1)	10	Yes
Bathroom	N	Opt. (#3)	10	Yes
Housekeeping Closet	N	Opt. (#3)	10	Yes
Food Preparation Area	E	2	10	Yes
Warewashing Room	N	Opt. (#2)	10	Yes
Laundry, General	E	2	10	Opt. (#4)
Soiled Linen Sorting and Storage <u>Area</u>	N	Opt. (#4)	10	Yes
Employees' Lounge	N	2	6	Yes
Lounge	N (5)	2	6	Yes (5)
* Designated Smoking Areas	N	2	6	Yes

P = Positive

N = Negative

E = Equal

Opt. = Optional

#1 Room may be exhausted through adjoining toilet room.

#2 Make-up air may be supplied through the kitchen.

#3 Corridor may be exhausted through adjoining service rooms areas.

#4 Laundry may be exhausted through the soiled area.

#5 Pressure relationships in lounges are subject to Exception 4.

* Exception 4

ITEM 57. Amend subrule 61.11(4), paragraph “c,” subparagraph (9), as follows:

(9) No plastic pipe shall be used in any hot or cold water system in a licensed health facility. (III) (Exception 4) (Exception 6)

ITEM 58. Amend subrule 61.12(9), paragraphs “b” and “g,” as follows:

b. All calls shall ~~register at the nurses' station, soiled and clean workrooms, and shall~~ activate an audible and visible signal in each area. There shall be a visible signal in the ~~corridor~~ public area at the resident's door. (II, III) (Exception 4)

g. As an alternative to a hardwired nurse calling station with a visible signal in the corridor at a resident's room, a wireless calling system that provides an acceptable means of

identifying the origin or location of a call is acceptable, ~~if the system specifications are first reviewed and approved by the department prior to installation.~~

ITEM 59. Amend subrule 61.12(10), paragraph “d,” subparagraph (4), as follows:

(4) Nurses’ ~~station~~ work area: (III)

ITEM 60. Amend subrule 61.12(10), paragraph “e,” subparagraph (5), as follows:

(5) All required duplex receptacles in resident ~~corridors~~ areas; (III)

ITEM 61. Amend subrule 61.13(5) as follows:

61.13(5) ~~A private~~ An area shall be provided to allow nurses to prepare daily resident reports. (III)

Date

Signature

Person directed care - notice